

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 1-8-02.
- b. The request was received on 3-29-02.
- c. Phone conversation with ____, provider representative, reflected that CPT Code 63047 and 63048 had been paid in full. CPT Code 27299-51 reimbursement was received in the amount of \$455.00. The remaining codes balances remained unchanged.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs/Example EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. EOBs/Example EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 5-30-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 5-31-02. The response from the insurance carrier was received in the Division on 6-12-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 5-29-02:
“According to the above chart the \$2144.48 was reimbursed for these codes in the carrier’s payment. We feel we have billed these procedures fair and reasonable and they should be reimbursed in full according to documentation and other insurance carrier’s EOB’s that are enclosed.... We feel that the insurance carriers [sic] reasons for non-payment of these services cannot be justified.”
2. Respondent: Letter dated 6-11-02:
“...carrier previously issued additional payment on 4/5/02 and maintains that the appropriate amount has been paid as previously noted.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-8-02.
2. The carrier denied the billed services as reflected on the EOB as, “M – REDUCED TO FAIR AND REASONABLE; N – NOT APPROPRIATELY DOCUMENTED; G – UNBUNDLING”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
1-8-02 1-8-02	22899-51 22899-51	\$1,200.00 \$1,200.00	\$844.79 \$844.79	M, N M, N	DOP DOP	Rule 133.307 (g) (3) (D); Section 413.011 (d); HCPCS code descriptor;	<p>The carrier has denied the disputed services as “M – REDUCED TO FAIR AND REASONABLE; N – NOT APPROPRIATELY DOCUMENTED.”</p> <p>CPT Code 22899 is defined as, “Unlisted procedure, spine”. The Carrier initially denied the disputed services as “N” as reflected on EOB dated 1-31-02 with no reimbursement recommended. Upon reaudit, EOB dated 3-4-02 reflected reimbursement of \$844.79 for each service with a denial based on a fair and reasonable reduction.</p> <p>The law or rules are not specific in the amount of evidence that has to be submitted for a determination of fair and reasonable. The reimbursement data evidence submitted by the provider proved to be insufficient to meet the criteria of Rule 133.307 (g) (3) (D) which states, “if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title...” The provider submitted EOBs from other carriers. None of the EOBs submitted identified the disputed CPT Code as (placement of surgical dynamics titanium threaded fusion cages bilaterally) or (preparation of the posterior element bone). Each example EOB for the CPT Code 22899-51 indicated various reimbursement amounts by other carriers ranging from \$800.00 to \$1,200.00. The provider did not submit definitive information to identify that the charges reflected on the example EOBs are the same procedures that were billed for date of service 1-8-02. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. Without identification of the surgical procedures on the example EOBs submitted, the provider failed to meet the criteria of Rule 133.307 (g) (3) (D) by submitting insufficient documentation to establish that the payments made by the carrier were not fair and reasonable.</p> <p>No additional reimbursement is recommended.</p>
1-8-02	27299-51	\$850.00	\$455.00	N,G	DOP	MFG; General Instructions (III); Surgery Ground Rules (I) (D); CPT Descriptor	<p>The carrier has denied the disputed service as “G – UNBUNDLING” and “N – NOT APPROPRIATELY DOCUMENTED”</p> <p>Documentation supports that a right posterior iliac crest reconstruction was performed. CPT Code 27299-51 is not global to any other code billed on the date in dispute. Payment is pursuant to the Multiple Procedure Rule.</p> <p>No further reimbursement recommended. Carrier reimbursed above the multiple procedure value.</p>
1-8-02	22899-51	\$500.00	\$-0-	N,G.	DOP	MFG; General Instructions (III); Surgery Ground Rules (I) (D); CPT Descriptor	<p>The carrier has denied the disputed service as “N – UNBUNDLING” and “N – NOT APPROPRIATELY DOCUMENTED”</p> <p>Documentation supports that fusion was accomplished with combination of “. . . posterior element bone mixed with bone from the right posterior element bone mixed with bone from the right posterior iliac crest mixed with 30 cc of ProOsteon granules.” CPT Code 22899-51 is not global to any other code billed on the date in dispute.</p> <p>Reimbursement is recommended pursuant to the multiple procedure rule in the amount of \$250.00. (\$500.00 billed x 50% = \$250.)</p>
Totals		\$3,750.00	\$2,144.58				The Requestor is entitled to \$250.00 additional reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$250.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 18th day of February 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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